

## **ALABAMA MEDICAID AGENCY** PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

## **Anti-infective Agents**

All covered generics and OTCs

**Antifungals** 

Gris-Peg All covered generics and OTCs

Daraprim

All covered generics and OTCs Antituberculosis Agents

All covered generics and OTCs

All covered generics and OTCs

Chloramphenicol All covered generics and OTCs

Infergen Pegasys

All covered generics and OTCs

All covered generics and OTCs

Cleocin (oral only)\*

All covered generics and OTCs

Miscellaneous Antimycobacterial All covered generics and OTCs

Miscellaneous Antiprotozoals

All covered generics and OTCs

All covered generics and OTCs

Miscellaneous B-Lactams

All covered generics and OTCs

Neuraminidase Inhibitors Relenza<sup>†</sup>

All covered generics and OTCs

Nucleosides and Nucleotides

All covered generics and OTCs

## Behavioral Health

Aricept

All covered generics and OTCs

Antidepressants

Lexapro All covered generics and OTCs
Cerebral Stimulants/Agents for ADD/ADHD-

Short and Intermediate Acting

Ritalin\* Dexedrine' Focalin\*

All covered generics and OTCs Cerebral Stimulants/Agents for ADD/ADHD-Long Acting

Adderall XR Focalin XR Concerta Vyvanse

Daytrana All covered generics and OTCs Behavioral Health (continued)

Anxiolytics/Sedatives/Hypnotics: Barbiturates All covered generics and OTCs

Anxiolytics/Sedatives/Hypnotics:

Benzodiazepines

Diastat

All covered generics and OTCs cs/Sedatives/Hypnotics:

All covered generics and OTCs

Cardiovascular Health

ACE Inhibitors/Combos Aceon\*

All covered generics and OTCs

Angiotensin-II Receptor Antagonists/Combos Avalide Diovan

Diovan HCT Avapro Benicar Hyzaar Benicar HCT Micardis Micardis HCT Cozaar All covered generics and OTCs

Alpha-Adrenergic Blocking Agents All covered generics and OTCs

Antiarrhythmics Norpace\*

Norpace CR\* All covered generics and OTCs

Beta-Blockers/Combos All covered generics and OTCs

Calcium-Channel Blockers/Combos Azor Exforge DynaCirc CR

All covered generics and OTCs

Cardiotonics Lanoxicaps

All covered generics and OTCs

Central Alpha-Agonists/Combos All covered generics and OTCs

Direct Renin Inhibitors/Combos

All covered generics and OTCs

Direct Vasodilators Combos All covered generics and OTCs

All covered generics and OTCs

neous Cardiac Drugs All covered generics and OTCs

Miscellaneous Hypotensive Age

All covered generics and OTCs

Nitrates/Nitrite

Nitro-Bid

All covered generics and OTCs Peripheral Adrenergic Inhibitors

All covered generics and OTCs

let-Aggregation Inhibitors/Combos All covered generics and OTCs

Bile Acid Sequestrants All covered generics and OTCs

erol Absorption Inhibitors

All covered generics and OTCs Fibric Acid Derivatives

All covered generics and OTCs

HMG CoA Reductase Inhibitors/Combos

Lescol Lescol XL All covered generics and OTCs

Miscellaneous Antilipemic Agents

Niacor Niaspan All covered generics and OTCs

Diabetic Agents

lucosidase Inhibitors

Glyset

All covered generics and OTCs

**Diabetic Agents (continued)** 

All covered generics and OTCs

All covered generics and OTCs Dipeptidyl Peptidase-4 (DPP-4) Inhibito All covered generics and OTCs

All covered generics and OTCs Insulins

Humalog Levemir

Lantus All covered generics and OTCs

Meglitinide Prandin

All covered generics and OTCs Sulfonvlureas

All covered generics and OTCs Thiazolidinediones Actos Avandia

All covered generics and OTCs **Antidiabetic Combination Agents** 

Avandaryl Avandamet All covered generics and OTCs

**EENT Preparations** 

allergic Agents Astelin Pataday Astepro Patanase Optivar Patanol

All covered generics and OTCs

Blephamide

AzaSite Neosporin' Bactroban Nasal Poly-Pred

Blephamide S.O.P. Vigamox Bleph-10\*

Tobrex\*

All covered generics and OTCs

Intranasal Corticosteroids Beconase AQ Nasonex Nasacort AQ Veramyst

All covered generics and OTCs constrictors

Tyzine

All covered generics and OTCs

## **Gastrointestinal Agents**

All covered generics and OTCs

Proton-pump Inhibitors/Combos

Aciphex

All covered generics and OTCs (generic pantoprazole requires a PA)

Treximet

Pain Management/Autonomic Agents

All covered generics and OTCs Opiate Partial Agonists
All covered generics and OTCs

ve Serotonin Agonists

Maxalt

Maxalt MLT

All covered generics and OTCs Skeletal Muscle Relaxants

All covered generics and OTCs (generic carisoprodol products require a PA)

Inhaled Corticosteroids/Combos

Advair Diskus Advair HFA Flovent Diskus Aerobid Flovent HFA Aerobid-M Qvar

Asmanex Twisthaler Symbicort All covered generics and OTCs

Inhaled Antimuscarinics/Antispasmodics Atrovent HFA Spiriva

All covered generics and OTCs Leukotriene Modifiers Accolate Singulair

All covered generics and OTCs
Mast-cell Stabilizers

All covered generics and OTCs

Smooth Muscle Relaxants/Comb All covered generics and OTCs

Beta-Adrenergic Agonists/Combos Proventil HFA Combivent Foradil Serevent Diskus Maxair Autohaler Ventolin HFA

ProAir HFA Xopenex HFA All covered generics and OTCs

Skin and Mucous Membrane Agents All covered generics and OTCs

Antivirals

Zovirax All covered generics and OTCs

All covered generics and OTCs

Scabicides and Pediculicide

Eurax All covered generics and OTCs

(generic lindane requires a PA) Miscellaneous Local Anti-infectives

Phisohex

All covered generics and OTCs Anti-inflammatory Agents

Capex Shampoo Derma-Smoothe/FS

All covered generics and OTCs Antipruritics and Local Anesthetics Pramox

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs Misc Skin and Mucous Membrane Agents

All covered generics and OTCs

Protonic

Flidel Women's Health

Cenestin

Menest Premarin (tabs only)

All covered generics and OTCs

**Prenatal Vitamins** All covered generics and OTCs

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.